INFORMATION BULLETIN



WORKFORCE INVESTMENT ACT

Number: WIAB00-19

Date: August 11, 2000 Expiration Date: 12/31/00

69:103:is:4056

TO: LOCAL WORKFORCE INVESTMENT AREAS

CHIEF ELECTED OFFICIALS

CALIFORNIA WORKFORCE INVESTMENT BOARD STAFF

WID STAFF

SUBJECT: REVISED WIA PARTICIPANT CLIENT FORMS

The purpose of this information bulletin is to provide copies of the revised Workforce Investment Act (WIA) client forms. The client forms have been revised to incorporate changes suggested by local areas as well as to comply with federal reporting requirements. Detailed line instructions for these revisions and changes to the Follow-up form will be forthcoming.

The form revisions are being issued now in order to coincide with the Job Training Automation (JTA) system version 4.05 release planned for August 11, 2000. Please refer to WIA Information Bulletin WIAB00-18 for details of the specific JTA changes.

Please ensure this information bulletin is shared with staff responsible for your local WIA Management Information System. If you have any questions regarding the client forms, please contact Cindy Hobart in the Data Analysis Unit at (916) 654-8285. Questions concerning the JTA system release should be addressed to the JTA Help Desk at (916) 653-0202.

/S/ BILL BURKE Chief

Attachments



WORKFORCE INVESTMENT ACT APPLICATION

Subgrantee Name
01 Application Number
02 Agency Code
03 Social Security Number

04	Application [Date		0	05 Last Na	ame				06	Fir	st Nam	ne				Mi	ddle	
07	Street Addre	ss (Re	sidence	e)		City	State (Resid	ence)		08	ZIP (F	Reside	nce)				09 (Phon	e (Residence)
10	Mail Street					Mail	City State			11	Mail	ZIP					12	Mess)	age Phone
13	GEO Code (Optional)	14 1 2 3		itizen e Non-	-Citizen on-Citizen	15	Alien Doc#		nder male ile	17	Birth	date	18	Age	19 1 2 3	Assessed Yes, WIA Yes, Non- WIA No	20 1 2 3 4	Yes No, Exe	ective Service Registration , Registered Not Registered mpt Required
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45	Offender Yes					38 39 40	Rapid Resp Rapid Resp TANF		46	Preg Yes	nce jnant/F	1	Yes Yes Yes Yes	2 2	No No No				
2 47 1 2	No Youth Need Yes No	ling A	ssistano	ce (Ad	lditional B	arriers	s)	1 Y	unaway 'es lo	No Yout	h	49 1 2	Foste Yes No	er Child	50 1 2	Family TAN Yes No	IF	51 1 2	Family GA Yes No
52 1 2	Family RCA Yes No	•		amily es o	SSI	54 1 2 3	Family Foo Eligible Receiving No	od Stamps	55	Num Fam	nber in nily				umbe Age	er of Depende 18	nts	57 1 2 3 4 5	Family Status Parent in one-parent family Parent in two-parent family Other family member Not a family member Not reported
	Family Incon				59 Low1 Yes2 No		e 60 1 2	TANF Ext Yes No			2	Yes No		1 2	Ye ! No)		63 1 2 3	Unemployment Insurance Yes, UI Claimant Exhaustee No
1 2 3	Yes <= 180 Yes, > 180 No	days days	1 2 3	Yes Yes, s No	oled Vetera	bled	66	Veteran S	eparati	on Da	te		1 \\2	Yes No		ated Veteran		68 1 2 3	Campaign Veteran Vietnam.era Other Veteran No
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WORKFORCE INVESTMENT ACT APPLICATION

Subgrantee Name
Application Number
Agency Code
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Conial Consuits Number
Social Security Number

	Last Name			First Nar	ne					Middle				
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/9 1	Pell Grant Recipient Yes	80	Pell Grant School Year		81	Lat Sta	or Force		82	Weeks N Employe			Hourly Nage	84 Referred by WPRS (Profiling)
2	No, Applied but denied		Award Amou	nt	1		mployed			26 Week		· '	wage	1 Yes
3	No, Application Pending				2		ot employed							2 No
4	Application not submitted													
85	Dislocated Worker		80	5 Disloca	otion	Data			07	Joh Codo	at Dislocatio		Job Title	
1	Terminated or Laid off		01	DISIOC	ation	Date	;		07	Job Code	at DISIOCATIO	11	JOD TILLE	
2	Received Notice of Layoff													
3	Long Term Unemployed (JT	PA tr	ransfer only)											
4	Self Employed													
5	Displaced Homemaker													
9 88	Not Applicable Dislocation Industry Code		89 Tenure at	Employer o	\f	Т.	90 Employ	or Nu	mhar		91 Employ	uor Nar	ma .	
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92	Eligibility													
A	Adult WIA		H V	eteran Gran	ıt									
В	Adult Low Income		I 5º	% Window \	outh/	(age	14 – 18)							
D	Dislocated Worker			% Window \	outh/	(age	19 – 21)							
F G	Youth (age 14 - 18) Youth (age 19 - 21)		X N	ot Eligible										
G	10uiii (age 19 - 21)													
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Sig	nature of Reviewer							94	Revi	ewer ID			Date	
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	t Certification: My signature below nation is true and complete. I agre													
Inves	tment Act program and may result i			oneys paid to	me wl									
Siç	nature of Client			Da	ite			Sig	natur	of Parent,	Guardian or	Respo	nsible Adult	Date
Re	marks:													

WIA EWIR (07/00)



WORKFORCE INVESTMENT ACT ENROLLMENT/REGISTRATION

Subgrantee Name

01 Social Security Number

02 Case Number

Application Number

.ast N	ame				Fi	rst Name					Midd	ile	
3 (Grant Code	04	Enrollme	nt Dat	e		05	Date ITA E	Stabli	shed 06	5 Total Amoun	t of ITA	
Activity Code Agency Code State Prov ID			vider	10 Program Code		11 Job Code/Job Description 1		Date	13 Est/End Date	14 ITA Amount Used	15 Completion Code	16 Goal Code	
Activity Code Agency Code State Prov				vider				ob Code/Job Description Begin I		Est/End Date	ITA Amount Used	Completion Code	Goal Code
Activity 3	Activity Code Agency Code State Provid			vider	Program Code Job Code/Job Description Begin			Begin [Date	Est/End Date	ITA Amount Used	Completion Code	Goal Code
Enrol	ling Staff Signatu	ire		17 I	Enrolling Staff ID	•		•	Date	•			1
Core 0 F 1 S 2 S 2 S 2 S 2 S 2 S 2 S 2 S 2 S 2 S	Follow-up Services Staff Assisted Job Staff Assisted Job Staff Assisted Job Staff Assisted Job Staff Assisted Wor Other Core Service Non-WIA Funded G ive Case Mgt for Partic Comprehensive As Development of In- Group Counseling Work/Entry Employ Individual Counsel Out-of-Area Job Si Relocation Expens Short Term Expens Other Intensive Se Non-WIA Funded I	s, Counseling Development Referrals Search, Placemer kshops / Job Clubes Core Services cipants ssessments dividual Employm yment Experience ing and Career Plearch ses seational Services	ent Plan		Training 50 Adult Educa 51 Customized 52 Entreprenet 53 Job Reading 54 Occupations 55 On-The-Job 56 Private Sect 57 Skill Upgrad 58 Workplace 59 Other Traini 60 Non-WIA Fu Youth 70 Summer-rel 71 Educational 72 Employmen 73 Citizen and 74 Other Youth 75 Non-WIA Fu Miscellaneous 80 Other JTPA 81 Supportive 82 Needs-relate 83 Planned Bre 84 Non-WIA Fu Ocmpletion 1 Completed 2 Not Comple	Training urial Training all Skills Training all Skills Training for Training for Training and Ret Fraining and Ret Fraining and Ret Fraining and Get Fraining and Achievement to Services anded Training are services and Fraining are services and Fraining and Fraining are services and Fraining are services and Fraining and Fraining are services and Fraining	raining Coop ng Se nt Servic Servic	o Ed rvices vices ces	BASI 001 002 003 004 005 006 013 015 OCC 007 008 016 019 WOR 009 010 011 012 014 017 018	al Codes (Y C SKILLS Reading Comprei Math Computatio Writing Speaking Listening Problem Solving, ESL/VESL Life Skills UPATIONAL SKII Perform Actual Ta Familiarity with Pi Technology Information Skills RK READINESS S World of Work Av Labor Market Kno Career Planning Job Search Tech Leadership Allocates Resourd Team Work	hension n Reasoning, Decis LS asks rocedures, Tools KILLS vareness swledge niques ces		



WORKFORCE INVESTMENT ACT GOALS

Subg	rantee Name
01	Case Number
Appli	cation Number
02	Agency Code
Socia	I Security Number

Last Name			First Name		Middle		
Drimory Coal	Cool Tymo	Cool Codo	Coal Description	Data Cat	Dogult Code	Decult Description	Data Attained
Primary Goal	Goal Type	Goal Code	Goal Description	Date Set	Result Code	Result Description	Date Attained
Staff Signature			-1	03 Staff ID		Date	
Primary Goal Code			Goal Type	l .		Result Code	
1 Primary Goal			1 Basic Skills	:!!-		1 Attained Goal	a la a d
2 Not Primary Goal			2 Occupational Sk3 Work Readiness			2 Set, Goal Not Att 3 Set, Goal Attainn	
Goal Code						,	
001 Reading Comprehension	006	Problem Solv	ing, Reasoning, Decisio	n Making 0	11 Career Planning		Technology
002 Math Computation	007	Perform Actua	al Tasks	0	12 Job Search Tech	niques 017	Allocates Resources
003 Writing 004 Speaking	008		th Procedures, Tools k Awareness		13 ESL/VESL 14 Leadership		Team Work Information Skills
005 Listening	010	Labor Market			15 Life Skills		Interpersonal Skills

WIA EWIG (07/00)



WORKFORCE INVESTMENT ACT EXIT

Su	bgrantee Name
01	Application Number
02	Agency Code
So	cial Security Number

Last	Name								First Na	ne				Middle		
03	Exit Code			Exit Codes (Select up to three codes) 10 Entered Employment 10 Called Back/Remained With Layoff Empl 10 Entered Advanced Training 10 Entered Postsecondary Education 10 Attained Recognized 10 Certificate/Diploma/Degree					06 Planned Services Completed 07 Planned Services Not Complete 08 Lacks Transportation 09 Family Care 10 Health/Medical 11 Cannot Locate					12 Death ed 13 Institutionalized 14 Voluntary Other 15 Objective Assessment Only 16 Returned to Secondary Education (Youth Only)		
04 Exit Date				(4 No, credentia	l intended I not intended			06 Date Degre			te Attained		1 High 2 Equiv 3 AA o 4 BA o 5 Occu 6 Occu Cred 9 Othe		
80	Date Entered Po Education	ostsecor	ondary 09 Date Entered Adv				ed Training	10 1 2	Entere Yes No	Yes 1 Yes				Qualified	Apprenticeship	
12	Date Employed			13	Employer Number	14	Employer N	ame				1				
Employer Address						Em	Employer City/State							ployer ZI	P	
15	Employer Conta	act				16	Contact Pho	one		17	Job Code/J	lob TItle	18	Hours	Per Week	
19	Hourly Wage	1 '	Training Yes No	Relat	ted Employment	21 Determination N 1 Training to job 2 Industry to trainin 3 Other			1 Yes			efits	23 1 2	Non-To Yes No	raditional Employment	
Exit	Staff Signature					24	Exit Staff ID	1					Da	te		
Ро	st Exit Sei	rvices	S													
25 5	Service Code		26	Des	cription							27 Begin	Date	!	28 End Date	
01 02 03 04	Program Service Educational Achie Employment Serv Additional Youth S Citizen and Leade Follow-up Service	evement rices Support ership														

WIA EWIT (08/00)